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FACSIMILE TRANSMISSION COVER SHEET

Date: October 4, 2006

To: United States Patent and Trademark Office
Examiner: Lee, Michael; Art Unit: 2622

Fax: (571) 273-8300

Re: **Application Serial No.: 10/776,075**
Filing Date: 2/11/2004; First-Named Inventor: Murdock
Attorney Docket No.: 0120134

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 11

Message:

Enclosed please find the Amendment and Response to Office Action dated September 5, 2006.
Thank you.

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Attorney Docket No.: 0120134

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Murdock, et al.

SERIAL NO.: 10/776,075 FILED: 2/11/2004

FOR: Luminance and Chrominance Separation System

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	17	MINUS **21	* = 0	x 50	x 25	\$
INDEPENDENT	4	MINUS ***6	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

04CXT0010D

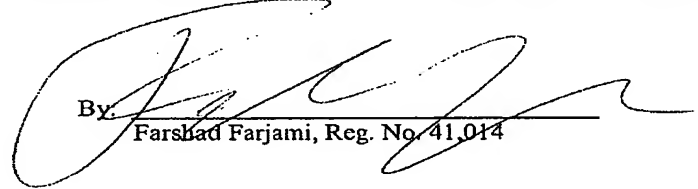
Attorney Docket No.: 0120134

- ☐ Enclosed is the total fee of \$ _____ (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

10/4/06

By:



Farshad Farjami, Reg. No. 41,014

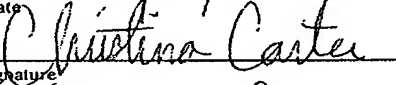
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Signature:



Christina Carter

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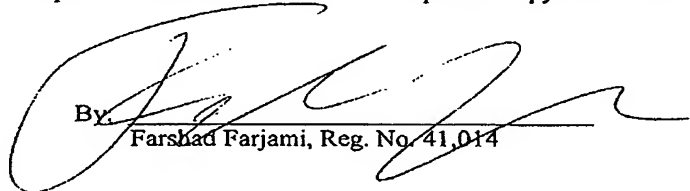
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Farshad Farjami, Reg. No. 41,014

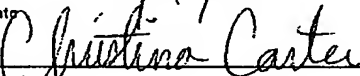
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Attorney Docket No.: 0120134
Application Serial No.: 10/776,075

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant(s): MURDOCK, et al. Application Serial No.: 10/776,075 Filed: February 11, 2004 Title: LUMINANCE AND CHROMINANCE SEPARATION SYSTEM	Group Art Unit: 2622 Examiner: Lee, Michael
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AMENDMENT AND RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This Amendment and Response is submitted in response to the Office Action, dated September 5, 2006, in the above-referenced patent application. Please enter and consider the following amendments and remarks.